

Treatment Review Panel Committee (TRP) Meeting

October 23, 2008
Executive Director's Office
Dale Building

Chair: Wanda Cosman, Richard Lanza, Stuart Graves, Terry Rowe, Tom Simpatico
Attendees: Scott Perry, Ed Riddell
Minute Taker: Denise McCarty

The Committee reviewed the last meeting minutes. Wanda asked for clarification of acronyms: VP& A (Vermont Protection and Advocacy), NAPPI (non-abusive psychological and physical intervention)

Wanda Cosman asked for a motion to accept the minutes. Stuart Graves motioned to accept the minutes. Richard Lanza seconded the motion. All in favor, motioned passed unanimously.

Ed Riddell was introduced to the committee. Ed is the Alternatives to Seclusion and Restraint Coordinator. Ed gave an overview of the NASMHPD (National Association of Mental Health Program Directors) Reduction and Seclusion Leadership training that is happening on October 27th and 28th. All of the hospital leadership will be attending including some of the doctors and social workers. There is expected to be 170 to 180 people attending this training

Ed Riddell gave a summary of his role and some of the projects he is working on.

The Committee revisited the idea of the TRP disbanding because there is an Advisory Council that functions in the same capacity. Terry Rowe volunteered to write a letter and distribute it to members for their review and approval. Treatment Review Panel members would be invited to attend the Advisory Council instead which meets monthly.

Terry Rowe reviewed the Doe vs. Miller case to discuss meeting the legal obligations that this case outlines. The TRP functions would migrate to the Advisory Council. Richard Lanza asked if the Advisory Council could be converted as the Treatment Review Panel and have a larger TRP panel instead and meet quarterly. Stuart Graves commented that this would provide more man power for the TRP to improve information distribution.

Discussion followed.

Ed Riddell reviewed the Six Core Strategy

- 1) Leadership toward organizational change
- 2) Use of Data to inform practice
- 3) Workforce development
- 4) Use of Seclusion and Restraint Prevention Tools

- 5) Consumer roles in inpatient settings
- 6) Debriefing techniques

Ed handed out an Emergency Procedure Staff Debriefing Tool audit report on the staff debriefing tool that VSH uses to track emergency procedures. The panel reviewed the handout and discussion followed.

Scott Perry discussed the high use of emergency procedures. Advance directives and the Ulysses Clause were discussed. Discussion followed.

Grievance Information collected by Quality Management – reviewed by Scott Perry

Scott reviewed the Summary of Patient Grievances from 10/1/07 to 9/30/08 and gave an overview of the patient grievance and appeal process. Discussion of how relatively frequent we receive grievances of reports of emergency involuntary procedures. Grievance response letters and what the goals of the response letters were discussed. Wanda Cosman asked about the goal of the grievance response letters and expressed concern about the process. Scott replied that it was to give the patient feedback on the determination after review of the appeal. The goal of the letter is to determine whether or not we've treated the patient properly. Dr. Simpatico indicated that the goal of response letters was to close the feedback loop to the grievant. It is a legal due process rather than a clinical process.

The meeting adjourned at 5:00 pm and the next meeting was identified as Thursday, January 15th.

Respectfully submitted,

Denise McCarty
Minute Taker